

# **CITY OF NEW ORLEANS**

**Mitchell J. Landrieu, Mayor**

## **Office of Community Development (OCD)**

### **SuperNOFA 2011**

**APPLICATION**

**for**

**EMERGENCY SHELTER GRANT  
(ESG)**

**Or**

**STATE EMERGENCY SHELTER  
GRANT (SESG)**

# CITY OF NEW ORLEANS

## OFFICE OF COMMUNITY DEVELOPMENT

December 15, 2010

### NOFA APPLICATION

#### GENERAL INSTRUCTIONS

1. **Program Description.** A description of the Emergency Shelter Grant (ESG) and State Emergency Shelter Grant (SESG) as contained in the Notice of Funding Availability (NOFA)-General Information Packet will assist the applicant with identifying the types of programs best suited for the funds that are being requested. Applicants will be competitively selected for funding under a process using selection criteria that is described in the General Information Packet. Applicants may submit an application for **either** the ESG program or the SESG program, **not both**.
2. All applications must be completed using the forms supplied with this Notice of Funding Availability (NOFA). **Use only the number of pages indicated in the application package. Any application not following the prescribed format will not be considered for funding. DO NOT RETURN THE GENERAL INFORMATION PACKET.**
3. Application forms are available in electronic format (MS Word) on disk at the Mayor's Office of Community Development (OCD) office, 1340 Poydras Street, 10<sup>th</sup> Floor, New Orleans, LA.

**An original completed application plus three (3) copies** must be received by **3:00 p.m., Friday, January 21, 2011, at the Office of Community Development office, 1340 Poydras Street, 10th Floor.** Applications may not be sent by facsimile (fax). Applications may not be sent by electronic mail (e-mail). These deadlines are firm as to date and hour.

Any application received after the application deadline will be penalized 20 points for each 24-hour period (weekends excluded) the application is submitted late. (For example, applications received between 3:01 p.m. **Friday, January 21, 2011** and 3:00 p.m. **Monday, January 24, 2011** can only earn a maximum of 80 points; applications received between 3:01 p.m. **Monday, January 24, 2011** and 3:00 p.m. **Tuesday, January 25, 2011** can only earn a maximum of 60 points; etc.)

4. Applicants who physically deliver the proposal must have their proposal logged in and complete a sign-in sheet. Under no circumstance should an applicant leave a proposal at the Mayor's Office of Community Development office without completing the required log in procedure. Applicants who mail proposals should do so by certified mail, return receipt requested, or through overnight mail services, allowing enough time for the proposal to be **received** by the deadline date and time.
5. Only one application per applicant will be reviewed in each service category. **Proposals that combine a request for funds in more than one category will not be considered for funding.**

6. Proposals must be complete at the time of submission. No addenda will be accepted after the deadline date for submission of proposals unless specifically requested by the Review Panel.
8. **PLEASE INCLUDE THE PAGE IMMEDIATELY FOLLOWING THIS GENERAL INSTRUCTION SHEET AS THE COVER PAGE FOR YOUR APPLICATION.**
7. **For Additional Information.** If you have any questions regarding this NOFA, please contact Madelyn Cosey Sanchez, at Office of Community Development, 1340 Poydras Street, 10<sup>th</sup> Floor, New Orleans, LA 70112, (504) 658-4800.

**CITY OF NEW ORLEANS - OFFICE OF COMMUNITY DEVELOPMENT**  
**SuperNOFA 2011**

**ESG/SESG ACTIVITIES**

\_\_\_\_\_  
(Application Number Assigned by OCD)

◆ **ORGANIZATION NAME:** \_\_\_\_\_

◆ **OFFICIAL MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

**PERSON(S) TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION:**

Name

Title

Phone/FAX #

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**CONTINUUM OF CARE CATEGORY APPLYING FOR (CHECK ONE):**

\_\_\_\_ ESG

\_\_\_\_ SESG

**FUNDING REQUEST/AMOUNT:** \_\_\_\_\_

**TARGET/SERVICE DELIVERY AREA:** \_\_\_\_\_

**OCD *REGISTRY OF NEIGHBORHOOD ORGANIZATIONS* STATUS:**

\_\_\_\_ CERTIFIED

\_\_\_\_ PENDING

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**CERTIFICATION:**

To the best of my knowledge and belief, all of the information provided in this application is true and correct:

\_\_\_\_\_  
Typed Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date Signed

**City of New Orleans - Office of Community Development SuperNOFA 2011**

**EXHIBIT 1: PROGRAM FUNDING**

Use only the page and space provided.

a. Identify and list amounts of prior period Federal and/or State funding (for the last two (2) years and not limited to the Office of Community Development):

SOURCE	AMOUNT	TIME PERIOD
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
<b>TOTAL FEDERAL/STATE FUNDING</b>	\$	

b. Identify and list requested (pending) Federal and/or State funding (not limited to the Office of Community Development):

SOURCE	AMOUNT	TIME PERIOD
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
<b>TOTAL PENDING FEDERAL/STATE FUNDING</b>	\$	

c. Identify and list other funding including non-federal and private funding

1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
<b>TOTAL NON-FEDERAL/PRIVATE FUNDING</b>	\$	

**TOTAL PROGRAM BUDGET:**\_\_\_\_\_

**TOTAL REQUEST FROM OCD UNDER THIS NOFA:**\_\_\_\_\_

**City of New Orleans - Office of Community Development SuperNOFA 2011**  
**EXHIBIT 2 – Please answer the following 18 questions in a maximum of 14 pages.**

**Please answer one question at a time, listing the question followed by the response.**

[See the “General Information Package for Funding Sources” for further instructions on eligible activities as well as hints about how to answer these questions.]

**TARGET POPULATION & SERVICE NEED (24 points)**

1. Describe the community need that this program proposal addresses, including the following:
  - a. Identify external data sources that measure the magnitude of this problem and/or identify demographic risk factors that are strongly related to the problem -- citing national studies or evidence that document the relationship between the risk factor and the problem.
  - b. Identify the geographic boundary of the community you intend to address in this proposal and provide data that indicates the magnitude of the need in this community.
  - c. Provide comparative data at the state, and national levels that illustrates the relative seriousness of the need.
2. Describe the target population that you are trying to reach with this program. This description should demonstrate your understanding of the people who will benefit from the services for which you are seeking support. Include parishwide or neighborhood data as well as aggregate client data that describe the salient characteristics of the people you intend to serve.
3. Based on the target population you are trying to reach, present the results of a review of all similar agencies that also serve this target population answer these questions: What resources are already available to this population? What gaps are there in services?

**APPROACH TO PROVIDING SERVICES (25 points)**

4. What are the goals of the proposed program?
5. Have you involved the people you intend to serve in planning this program? If so, how has that occurred? If not, how will you accomplish this?
6. Describe any research you have done to determine if the proposed program model will work. Has the program been tried elsewhere? With what results?
7. Define how the program works or will work to achieve the goals. There should be an obvious and logical link between your understanding of the people you intend to serve, the services you intend to provide, and the results you expect to see. Include the following:
  - a. How many persons will be served?
  - b. How will the services be provided?
  - c. What is the process for services being delivered?
  - d. How will the target population be reached?
  - e. How will the project be managed and staffed?
  - f. Who will be providing the proposed service to clients?
8. Describe any anticipated problems or challenges in the operation of the project in delivering the services or activities to the target population. Problems both internal and external to the operating agency along with those that could impact the timing of program implementation should be listed.

9. What are your anticipated program outcomes? How will you know if you are succeeding or failing? Define how you will collect information about participants by identifying the indicators you will use to measure progress toward outcomes. Identify your measurement tool(s) and document the validity and reliability of each. (Please attach a copy of the instrument, if available.) In setting targets, be sure to include benchmarking against national success rates, if available.
10. Identify how the project will continue in the long term with or without federal funding.

**COORDINATION AND COLLABORATION (15 points)**

11. Indicate how the proposed activity is provided in the context of existing ongoing initiatives in the City of New Orleans and its surrounding parishes (i.e., Consolidated Plan, Workforce Investment Act, etc.)
12. Indicate how the proposed strategy is consistent with strategies outlined in other planning documents prepared for/by Unity for the Homeless and other homeless services collaboratives. If proposed services are inconsistent with existing ongoing initiatives, identify the agency plan to reach consistency/integration over the next year.
13. Describe the agency's efforts to coordinate and collaborate with other agencies providing both similar and complementary services for the target population and to the target community.
14. Indicate whether or not the agency has entered into formal written cooperative agreements with other agencies providing similar and complementary services.

**AGENCY BACKGROUND AND EXPERIENCE (16 points)**

15. Describe the experience of the organization in carrying out the type of activities proposed in the application and the length of time the organization has been involved in providing the proposed services (even if the service has not been provided through grant funds).
16. Describe the results of any past evaluations of this organization providing these types of services.
17. Indicate the agency's performance in completing contractual agreements between the agency and the City of New Orleans for the past two (2) years. For each contractual agreement, indicate the agency's percentage of achievement of contract deliverables outlined in the contract's scope of work.
18. Detail the staff's experience in working with ESG/SESG projects in general and in the proposed service area in particular. **DO NOT SEND RESUMES.** If the agency or staff does not have prior experience in providing the proposed service, please indicate experience and successes in carrying out similar programs and in working in partnership with other agencies and/or consultants.





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**City of New Orleans - Office of Community Development SuperNOFA 2011**  
**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 points)**

Agency proposals must include a line item budget and budget narrative that explains and justifies how each line item will be expended. The budget should be reasonable and consistent with the proposed level of service delivery. In the general narrative comments section include and identify in-kind contributions and fund raising activities to support program activities.

The budget section consists of ten (10) pages. Including:

- X Budget Forms
- X Narrative Forms
- X Classification of Expenditures and Line Item Numbers

**FORM INSTRUCTIONS:** The budget form consists of nine pages, one page each for the following categories:

Budget Page 1:	Budget At A Glance/Budget Summary
Budget Page 2:	General Narrative Comments/Match
Budget Page 3:	1000 - Personal Services
Budget Page 4:	Personal Services Budget Justification Narrative
Budget Page 5:	2000 - Contractual Services
Budget Page 6:	Contractual Services Budget Justification Narrative
Budget Page 7:	3000 - Supplies and Materials
Budget Page 8:	Supplies and Materials Budget Justification Narrative
Budget Page 9:	4000 - Equipment
Budget Page 10:	Equipment Budget Justification Narrative

All line item requests must be placed in these general categories. Please use the Classification of Expenditures and Line Item Numbers to determine the correct budget category.

In the **ACCT. NO.** column list the line item number. The **LINE ITEM** column contains the line item description taken from the List of Line Items. Fill in the amount requested in the column marked **REQUESTED BUDGET**. When preparing the Budget forms, complete all sub-totals and totals.

**NARRATIVE:** Each budget submitted must include a justification narrative. In each section complete the required information and make any additional comments.

1. Salaries--List the name, title, percent of time, and annual salary for **each** employee to be funded by the proposed project in this section.
2. Contractual Services--List a description of all Professional services, i.e., sub-contracts.
3. Supplies & Materials--Describe supplies that are directly related to your proposed program, i.e., food, paper, paint, lumber, etc.
4. Equipment & Property--Describe any equipment you wish to purchase and its use.
5. General Comments--Include descriptions of funding matches, as well as any in-kind services, facilities, and/or personnel that may be available to your organization. This could include rent, utilities and the like. Please explain fully these leveraging factors.
6. The Expenditure Sheet indicates Miscellaneous/Other Line Item(s). If your organization elects to use these items, you must clearly identify what miscellaneous/other is and how it will be utilized.

## EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)

**First of ten single spaced pages.**

<p align="center"><b>OFFICE OF COMMUNITY DEVELOPMENT</b>  <b>BUDGET LINE ITEM DETAIL</b></p>			
<p><i>BUDGET:</i></p>		<p><i>YEAR:</i></p>	
<p><i>ORGANIZATION NAME:</i></p>			
<p><i>PROJECT NAME AND NUMBER:</i></p>		<p><i>DEPARTMENT:</i>  <i>OCD</i></p>	<p><i>PROGRAM:</i>  <i>ESG/SESG</i></p>
		<p><i>OPTION CODE</i></p>	
<p><b>ACCT. NO.</b></p>	<p><b>LINE ITEM</b></p>	<p><b>REQUESTED BUDGET</b></p>	<p><b>FOR OCD USE ONLY</b></p>
1000	PERSONAL SERVICES		
2000	CONTRACTUAL SERVICES		
3000	SUPPLIES AND MATERIALS		
4000	EQUIPMENT		
	MATCH/OTHER		

	<b>TOTAL</b>	<b>\$</b>	
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**City of New Orleans - Office of Community Development SuperNOFA 2011**  
**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

*Second of ten single spaced pages.*

**BUDGET JUSTIFICATION NARRATIVE - GENERAL COMMENTS/MATCH**

**Third of ten single spaced pages.**

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**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

Fourth of ten single spaced pages.

**BUDGET JUSTIFICATION NARRATIVE: 1000 - PERSONAL SERVICES**

**Fifth of ten single spaced pages.**

[illegible]

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**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

*Sixth of ten single spaced pages.*

**BUDGET JUSTIFICATION NARRATIVE: 2000 - CONTRACTUAL SERVICES**



**Seventh of ten single spaced pages.**

OFFICE OF COMMUNITY DEVELOPMENT BUDGET LINE ITEM DETAIL					
BUDGET:			YEAR:		
ORGANIZATION NAME:					
PROJECT NAME AND NUMBER:		DEPARTMENT: OCD	PROGRAM: ESG/SESG	OPTION CODE	
ACCT. NO.	LINE ITEM	REQUESTED BUDGET		FOR OCD USE ONLY	
3000	SUPPLIES AND MATERIALS				
	TOTAL	\$			

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**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

**Eighth of ten single spaced pages.**

**BUDGET JUSTIFICATION NARRATIVE: 3000 - SUPPLIES AND MATERIALS**

**Ninth of ten single spaced pages.**

[illegible]

**City of New Orleans - Office of Community Development SuperNOFA 2011**

**EXHIBIT 4: BUDGET/FINANCIAL RESOURCES (20 POINTS)**

*Tenth/last of ten single spaced pages.*

**BUDGET JUSTIFICATION NARRATIVE: 4000 - EQUIPMENT**

## CLASSIFICATION OF EXPENDITURE AND LINE ITEM NUMBERS

### PERSONAL SERVICES (1000)

1010 Salaries  
 1011 Sick Leave  
 1020 Overtime  
 1021 Part-Time Payroll  
 1110 Employees= Retirement Plan  
 1200 Social Security Taxes (FICA)  
 1300 Group Hospital Insurance  
 1400 Workers Comp. Insurance  
 1600 Terminal Leave  
 1710 Auto Allowance  
 1720 Uniform Allowance  
 1730 Chauffeurs Licenses  
 1740 Tool Allowance  
 1760 Pay Increment  
 1790 Life Insurance  
 1800 Unemployment Comp. (SUTA)  
 1900 Sick Leave

### CONTRACTUAL SERVICES (2000)

2010 Advertising  
 2020 Cleaning and Waste Removal  
 2030 Contributions & Prizes  
 2040 Convention & Travel Expen.  
 2041 Conv. & Travel Reimb.  
 2050 Dues and Subscriptions  
 2060 Education  
 2080 Fees of Board Members  
 2090 Fees, Taxes, and Assessment  
 2091 Photograph Expense  
 2092 Conveyance Certificates  
 2093 Mortgage Certificates  
 2094 Recordation Wens Exp.  
 2095 Demolition Expense  
 2110 Ins-Liab & Prop Damage  
 2111 Adj Contact  
 2112 Stop Loss Policy  
 2113 Physical Dam Auto  
 2114 Gen Liab Claims Reserve  
 2115 Auto Claims Reserve  
 2120 Ins-Surety Bonds  
 2130 Postage Freight Express  
 2140 Printing and Binding  
 2150 Professional Services  
 2160 Rents & Leases-Land Bldg  
 2170 Rents & Leases Other Prop  
 2180 Motor Vehicle Rep General  
 2181 Motor Vehicle Rep PM Insp.  
 2182 Mtr Vehicle Rep-Component  
 2185 Repairs and Maintenance  
 2187 Loan Subsidy  
 2190 Telephone - Local  
 2210 Telephone - Long Distance & Tel.

2240 Utilities  
 2600 Miscellaneous  
 2800 Indirect Cost

### SUPPLIES AND MATERIALS (3000)

3010 Books and Pamphlets  
 3020 Building Supplies  
 3030 Clothing  
 3040 Education Supplies  
 3050 Electrical Supplies  
 3060 Electronic Supplies  
 3070 Engineering Supplies  
 3080 Parts-Not Motor Vehicle  
 3110 Food Supplies  
 3120 Fuel-Not Motor Vehicle  
 3130 General Plant Supplies  
 3140 Hand Tools and Instrument  
 3150 Horticulture & Farm Supplies  
 3160 Household Supplies  
 3170 Ident Plates and Badges  
 3180 Janitor & Cleaning Supplies  
 3190 Medical Supplies  
 3210 Motor Vehicle-Gasoline  
 3211 Motor Vehicle-Diesel  
 3212 Motor Vehicle-Hydraulic Oil  
 3213 Motor Vehicle-Lubricants  
 3214 Motor-Vehicle-Fluids  
 3215 Motor Vehicle-Other  
 3220 Motor Vehicle-Parts  
 3240 Photographic Supplies  
 3250 Office Supplies  
 3260 Safety Supplies  
 3271 Vehicle Supplies-Battery  
 3272 Vehicle Supplies-Tires  
 3273 Vehicle Supplies-Welding  
 3274 Lawn Equip. Parts  
 3299 Miscellaneous Supplies

### EQUIPMENT & PROPERTY (4000)

4101 Land  
 4201 Buildings & Improvements  
 4352 Bldg. & Power Plant Equip  
 4354 Cleaning & Laundry Equip  
 4356 Communications Equip  
 4358 Construction Equip  
 4362 Educ. & Recreation Equip.  
 4364 Engineering Equipment  
 4368 General Plant Equip.  
 4374 Medical Equipment  
 4376 Motor Vehicle  
 4378 Office Furniture & Equip.  
 4382 Refrig. & Air Cond. Equip.  
 4390 Miscellaneous

**City of New Orleans - Office of Community Development SuperNOFA 2011**  
**EXHIBIT 5: EVACUATION PLAN/ZONING**

**EVACUATION PLAN:** Organizations that propose to run a shelter/residential care facility must attach a clear evacuation plan for its staff and residents. All plans must include clear identifiable stairs, exists fire escapes and designated essential employees. **Essential employees are those persons responsible for carrying the evacuation plan.**

**ZONING:** All organizations applying for CDBG, ESG, HOPWA, and SESG funds for the purpose of operating/staffing residential programs must submit a clearance from the **Department of Safety and Permits** approving the use of the building/activities before OFFICE OF COMMUNITY DEVELOPMENT will consider awarding funds.

# **FEDERAL EMERGENCY SHELTER GRANT PROGRAM (ESG)**

## **CONTRACT FORMS**

**NOTE:** Organizations applying for Federal Emergency Shelter (ESG) funding must complete this section as well as the Budget and Cost Control and the Narrative section of this proposal.

## PROPOSED USE OF FUNDS FORM

EACH ACTIVITY PROPOSED FOR FUNDING UNDER THE EMERGENCY SHELTER GRANTS PROGRAM MUST ADDRESS ONE OF THE ELIGIBLE CATEGORIES LISTED BELOW.

**Indicate proposed use of funds by category:**

- A. \_\_\_\_\_ Provision of **essential services** to the homeless, including services concerned with employment, health, drug abuse, and education.
- B. \_\_\_\_\_ Payment of maintenance, **operations**, (including administration but excluding staffing costs), rent, repair, security, fuels and equipment, insurance, utilities and furnishings.
- C. \_\_\_\_\_ Developing and implementing **homeless prevention** activities.

**Grant Administration:**

Mark the space below if grant proposal includes ESG funding for applicant's administrative costs, as allowed under Program rules. (Leave this item blank if applicant unit of local government is not proposing use of any grant funds for administrative purposes.)

\_\_\_\_\_ **Administration of grant assistance** by applicant unit of local government is a proposed use of grant funds. Administrative costs will be limited to not more than 2.5765% of grant total (or 2.6447 percent calculated on budgeted/invoiced categorical costs).



## Attachment A-2

### PROJECT SUMMARY

(to be completed for each shelter/facility/project to receive ESGP assistance)

**Applicant Unit of Govt.** City of New Orleans- Office of Community Development

**Project/Sponsor Name:**

**Address:**

**Contact Person:** \_\_\_\_\_ **Phone No:**

Bed Capacity If the proposed project is a shelter, indicate the nightly bed capacity for homeless persons to be served.

If facility is to be newly established, enter planned capacity

If an existing facility, enter Current Capacity \_\_\_\_\_ and

capacity after Increase from ESG assistance \_\_\_\_\_ \* when applicable  
(\*Enter N/A if no increase in shelter capacity anticipated)

Homeless Beneficiaries Using the codes listed below, indicate on the following line the type(s) of beneficiaries to be served by the proposed project. If more than one type is to be served, list all with the predominant type of beneficiary first.

<b>UM</b>	Unaccompanied Men	<b>SPF</b>	Single Parent Families
<b>UW</b>	Unaccompanied Women	<b>TPF</b>	Two parent families
<b>UFY</b>	Unaccompanied Female Youth Under 18	<b>AC</b>	Adult couples without children
<b>UMY</b>	Unaccompanied Male Youth Under 18	<b>DK</b>	Don't Know

ESG Assistance and Proposed Accomplishments by Eligible Activity Indicate the proposed amount of ESG assistance by activity type and briefly describe the accomplishments anticipated through use of ESG funds.

**Essential Services** \$ \_\_\_\_\_ (ESG assistance requested)

**Summary of Proposed Services:**

**Operations** \$ \_\_\_\_\_ (ESG assistance requested)

**Proposed Operational Cost Items to be met:**

**Homeless Prevention** \$ \_\_\_\_\_ (ESG Assistance requested)

**Summary of Proposed Homeless Prevention Activities:**

**TOTAL ASSISTANCE REQUEST: \$**

## Attachment B-1

### SUMMARY BUDGET

Check as applicable: \_\_\_\_\_ **BUDGET FOR TOTAL GRANT APPLICATION**  
\_\_\_\_\_ **BUDGET FOR COMPONENT PROJECT**

Applicant Unit of Govt. **City of New Orleans-Office of Community Development**

Project/Sponsor Name:

Address:

**Project/Sponsor Name:**

Federal Employer Tax I.D.#:

Project(s) Proposed to receive ESG funds and Amount(s) Requested

#### **Estimated Services:**

##### **Shelter Projects-**

Average number of Persons to be served daily

Unduplicated number of Persons to be served annually

**Other Services** [List type(s) and annual number of services for each type]

- <sup>1</sup> Not more than 30% of ESG Program funding may be budgeted for Essential Services.
- <sup>2</sup> Not more than ten (10) percent of ESG Program funding may be budgeted for staff costs of operations related to emergency shelter
- <sup>3</sup> Not more than 30% of ESG Program funding may be budgeted for Homeless Prevention.
- <sup>4</sup> Not more than 2.5765% of total ESG funds may be used for costs of administering grant assistance by applicant local government. (Enter N/A if summary budget is for a component project by a non-government sponsor)

**Attachment B-1(a)**

ESG BUDGET CATEGORY **Essential Services**

Applicant Unit of Govt. **City of New Orleans-Office of Community Development**

Project/Sponsor

Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total
TOTAL				

**Attachment B-1(b)**

ESG BUDGET CATEGORY Operations

Applicant Unit of Govt. City of New Orleans-Office of Community Development

Project/Sponsor

Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total
TOTAL				

**Attachment B-1(c)**

ESG BUDGET CATEGORY Homeless PreventionApplicant Unit of Govt. **City of New Orleans-Office of Community Development**

Project/Sponsor

Description of Cost Item and Basis of Valuation	ESG Budget	Matching Funds	Source of Matching Funds	Budget Total
TOTAL				

## Attachment B-2

## MATCHING FUNDS TABLE

Source	(%)	\$ Value	Method of Calculation (Determined by)
<b>DONATIONS</b>			
<b>Materials</b>	_____	\$ _____	_____
			_____
<b>Building</b>	_____	\$ _____	_____
			_____
<b>Funds</b>	_____	\$ _____	_____
			_____
<b>LEASE or RENT</b>	_____	\$ _____	_____
			_____
<b>SALARIES</b>	_____	\$ _____	_____
			_____
<b>VOLUNTEERS</b>	_____	\$ _____	_____
(at \$5/hr.)			_____
<b>OTHER</b>	_____	\$ _____	_____
			_____
<b>MATCH TOTAL*</b>		\$ _____	

**\*\* Matching funds must equal the total ESG funding proposed for eligible Program activities, unless an exception to match requirements is being requested. If the above match total does not equal requested ESG Program funding, complete the spaces below:**

**Exception to Match requirements is requested for ESG Amount of \$**

**If the above item is checked, attach information to this form supporting the request on grounds that the applicant local government, and proposed subgrantee agencies and non-profit organizations, are incapable or have limited capability to provide the required match amounts. An exception may be requested for all or part of necessary matching funds. The amount of the match exception request must be requested for all or part of necessary matching funds. The amount of the match exception request must be specified.**